## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875) APPLICANT(S) **CLAIMS** AFTER AFTER 1st AMENDMENT 2nd AMENDMENT AS FILED DEP. IND. DEP. IND. DEP. IND. DEP. DEP. IND. DEP. IND. TOTAL TOTAL TOTAL DEP.

\*MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS

SERIAL NO.

FILING DATE

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